

PART B - FEE(S) TRANSMITTAL

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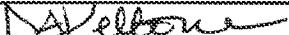
7590 07/22/2010

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Debra J. Kellom	(Depositor's name)
	(Signature)
10/18/2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/626,040	07/24/2003	Michael Lebner	0156-2008US01	1249

TITLE OF INVENTION: DEVICE FOR LACERATION OR INCISION CLOSURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, KIM M	3772	602-054000

1. Change of correspondence address or indication of "Fee Address;" (37 CFR 1.363). <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	2. For printing on the patent front page, list <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	1 <u>Kevin M. Farrell</u> 2 <u>Katherine A. Wrobel</u> 3 <u>Pierce Atwood LLP</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CLOZEX MEDICAL, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WELLESLEY, MA 02481

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 15

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504514 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kevin M. Farrell

Date 10/18/10

Typed or printed name Kevin M. Farrell

Registration No. 35,505

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